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PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.						
			ph			
THERAPE	7112	EXE	FRCIS	ED	EV	TICE

THERAPEUTIC EXERCISE DEVICE WITH

ADJUSTABLE FRAME FOR WHEEL CHAIR USERS

THERAPEUTIC EXERCISE DEVICE WITH

FOUR REGE LEGGED LHAIR USERS

STANDARI

1046 U.S. PTO 10/042535 01/09/02

(Only for new nonprovision	onal applications under 37 CFR 1.53(b))	Express Mail Label No. ET 6809152544
APPLICA	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
See MPEP chapter 600 con	cerning utility patent application contents.	Washington, DC 20231
1.	[Total Pages]] at set forth below) a of the invention	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on:
- Statement Reg - Reference to s or a computer - Background of		i. CD-ROM or CD-R (2 copies); or i. paper c. Statements verifying identity of above copies
	of the Invention on of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS
- Detailed Descr - Claim(s) - Abstract of the	iption	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney
4. Z Drawing(s) (35 t		11 English Translation Document (if applicable) Information Disclosure Copies of IDS
5. Oath or Declaration	[Total Pages 22]	Statement (IDS)/PTO-1449 Citations
Copy from a	uted (original or copy) a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed)	13. Preliminary Amendment Return Receipt Postcard (MPEP 503)
<u> </u>	TION OF INVENTOR(S)	(Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
6 Application Data	Sheet. See 37 CFR 1.76	17. Other:
or in an Application Data She Continuation Prior application information: For CONTINUATION OR DIVIS Box 5b, is considered a part of	pet under 37 CFR 1.76: Divisional Continuation-in-part (CIP) Examiner IONAL APPS only: The entire disclosure of the disclosure of the accompanying continuation-in-part (CIP)	of prior application below and in a preliminary amendment, of prior application No.:/
	19. CORRESPOND	ENCE ADDRESS
Customer Number or Bar C	ode Label	or Correspondence address below
Name	Joseph a	Figlio.
	46 MORRELL	57
Address		
City	LONG BRANCH	State New Jersey Zip Code 07740
Country	USA Tel	ephone 732- 2 29-947/ Fax
Name (Print/Type)	Joseph Giglio	Registration No. (Attorney/Agent)
Signature	Joseph Diglio	Date //8/2002

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	3	10	,00
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Complete if Known				
Application Number				
Filing Date	1/8	120	002.	
First Named Inventor	Jose	ph	Giglio	
Examiner Name		1		
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES			
Deposit Deposit	Large Small Entity Entity			
Account Number	Entity Entity Fee Fee Fee Fee Fee Description	Fee Paid		
Deposit	Code (\$) Code (\$)	100.100		
Account Name	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	ļ		
Applicant claims small entity status.	139 130 139 130 Non-English specification			
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination	on		
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to			
Check Credit card Order Other	Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after			
FEE CALCULATION	Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	-		
Large Entity Small Entity	116 390 216 195 Extension for reply within second month	\vdash		
Fee Fee Fee Fee Description Code (\$) Code (\$) , Fee Paid	117 890 217 445 Extension for reply within third month	\vdash		
101 710 201 355 Utility filing fee	118 1,390 218 695 Extension for reply within fourth month	 		
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing			
SUBTOTAL (1) (\$)	138 1,510 138 1,510 Petition to institute a public use proceeding	ļ		
	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)	——		
Total Claims	143 440 243 220 Design issue fee	 		
Claims — — — — — — — — — — — — — — — — — — —	144 600 244 300 Plant issue fee			
Midiciple Departdent	122 130 122 130 Petitions to the Commissioner	\vdash		
Large Entity Small Entity	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	1 1		
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 CFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fee (specify)			
**or number previously paid, if greater. For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			
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Name (Print Type)

Signature

Complete (if applicable)

Registration No. (Attorney/Agent)

Telephone 732-229-9471

Date 1/8/2067

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